

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404063747

Date Received:

01/20/2025

## FIR RESOLUTION FORM

**Overall Status:**

**CA Summary:**

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

**Additional Operator Contact:**

Contact Name

Phone

Email

James, Steven

(303) 893-2438

steve@westernoperating.com

Reid, Marta

719-688-1638

dale@westernoperating.com

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 713600596

Inspection Date: 01/10/2024

FIR Submit Date: 01/12/2024

FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: WESTERN OPERATING COMPANY

Company Number: 95620

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

**LOCATION - Location ID: 324809**

Location Name: BUTLER USA-619S45W Number: 10SWNE County: KIOWA

Qtrqtr: SWNE Sec: 10 Twp: 19S Range: 45W Meridian: 6

Latitude: 38.421440 Longitude: -102.444060

**FACILITY - API Number: 05-061- -00 Facility ID: 212814**

Facility Name: BUTLER USA Number: 1-X

Qtrqtr: SWNE Sec: 10 Twp: 19S Range: 45W Meridian: 6

Latitude: 38.421440 Longitude: -102.444060

**CORRECTIVE ACTIONS:**

1 CA# 190045

Corrective Action: Install required equipment to comply with Rule 612.e.

Date: 01/10/2024

Response: CA COMPLETED

Date of Completion: 03/01/2024

Operator Comment: Inspection 713601029 "H2S wind sock has been replaced."

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

2 CA# 190046

Corrective Action: Comply with Rule 606.

Date: 01/10/2024

Response: CA COMPLETED

Date of Completion: 06/01/2024

Operator  
Comment:

Inspection 713601502 " The two unused tanks and parts have been removed."

ECMC Decision:

ECMC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Amber Barnett

Signed:

Title: Compliance Specialist

Date: 1/20/2025 4:35:20 PM

### ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
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404063747	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files